

9038

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6146 63-025736

FILED JUN 21 1963

1. PLACE OF DEATH
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. LouisLength of stay in 1b
1 Hourc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Firmin Desloge HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louisc. CITY OR TOWN Webster Groves 19 Inside Limits
Yes ☒ No ☐d. STREET ADDRESS 301 Selma Avenue Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Edward J. Cassilly, Sr.4. DATE OF DEATH
Month Day Year
June 9, 19635. SEX
Male6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
9-20-18819. AGE (last birthday)
81IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Management10b. KIND OF BUSINESS OR INDUSTRY
Real Estate11. BIRTHPLACE (City and state or country)
St. Louis, Missouri12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Charles W. Cassilly

13b. MOTHER'S MAIDEN NAME

Margaret Gallier

14. NAME OF HUSBAND OR WIFE

Harriet Cassilly15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Edward J. Cassilly 131 E. Lockwood18. CAUSE OF DEATH (Enter only one cause)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Pulmonary Edema

INTERVAL BETWEEN ONSET AND DEATH

2 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Congestive Heart Failure2 hrs.

DUE TO (c)

Arteriosclerotic Heart Disease and Aortic Valve Stenosis 10 yrs. +

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from March, 1962 to June 9, 1963 and last saw him alive on June 8, 1963-7:10 a.m.
Death occurred at 7:10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Dr. G. O. Brown, Jr.

22b. ADDRESS

1325 So. Grand Blvd.

22c. DATE SIGNED

7/10/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

6-11-63

23c. NAME OF CEMETERY OR CREMATORY

Resurrection Cemetery

23d. LOCATION (City, town, or county)

St. Louis Co., Missouri

24. FUNERAL DIRECTOR

MITTELBERG - GERBER

ADDRESS

COLONIAL CHAPEL

25. DATE RECD. BY LOCAL REG.

JUN 11 1963

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

W E Morris

Licensed Embalmer No.

3360

P. O. Address

St Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.